

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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23117 7590 02/03/2004

NIXON & VANDERHYE, PC  
 1100 N GLEBE ROAD  
 8TH FLOOR  
 ARLINGTON, VA 22201-4714



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/031,492	06/10/2002	Russell John Diefenbach	47-165	1732

TITLE OF INVENTION: METHOD OF PREVENTING TRANSPORT OF A NEUROTROPIC VIRUS AND IDENTIFYING AGENTS FOR ACHIEVING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALIMI, ALI REZA	1648	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nixon & Vanderhye  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Westmead Hospital  
 The University of Sydney

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New South Wales, Australia  
 Sydney, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Leonard C. Mitchard, Reg.# 29,009 April 27, 2004

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04/28/2004 JADD02 00000105 10031492

01 FC:1501

02 FC:8001

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